

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/07/2019 15:32
Date Of Accident	10/07/2019 21:15
Exact Location Of Accident	687 CHOA CHU KANG DRIVE MSCP DECK 4A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1797L
Insured/Policyholder	
Name Of Registered Owner	IMG TECHNOLOGY PTE LTD
Co Reg No	199901025M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67486818

Vehicle Particulars

Manufacturer	PEUGEOT
Model	PARTNER-1.6 D L2 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	GOODS VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3011541900
Cover Note Number	

Driver

Name of Driver	PHANG WEI PING
NRIC No	S7533985B
Date Of Birth	26/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1998
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98713447
Fax Number	
Contact Number	OFFICE-67486818
Email Address	PWP@IMG MKT.COM.HK

at Motor in car.
8pm parked → 815ms hse.
815m returned car.

USE remote but ~~not~~ car not responding
Sweet bring smell. near
See under block. use key
to open. door drive down. Saw

Smoke. side door open. No fire
called Police and SCDP officer

Smoke no 'money'. Photo. waiting
SCDP smoke dispersing. no fire
Smoke emitting. No cable in bag.

2 bank not charging at industrial
time. last charge 2 days 3
days. Remainder bought at
Shop about 7 weeks -
Xiao Mi brand brand.

615pm → Ubi → Chin
Chau Ky.

place bag on seat. No photo taken
will send security record.

only driver
also to drive home brought brand
new
working for company at 20 yrs.

Address

BLK 812A CHOA CHU KANG AVENUE 7
#03-665

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own
Vehicle

-
-
-
-
-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Sketch Plan

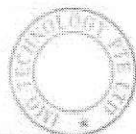
SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time: 11 JUL 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11 JUL 2019



Reporting Centre Personnel's Signature

Name:

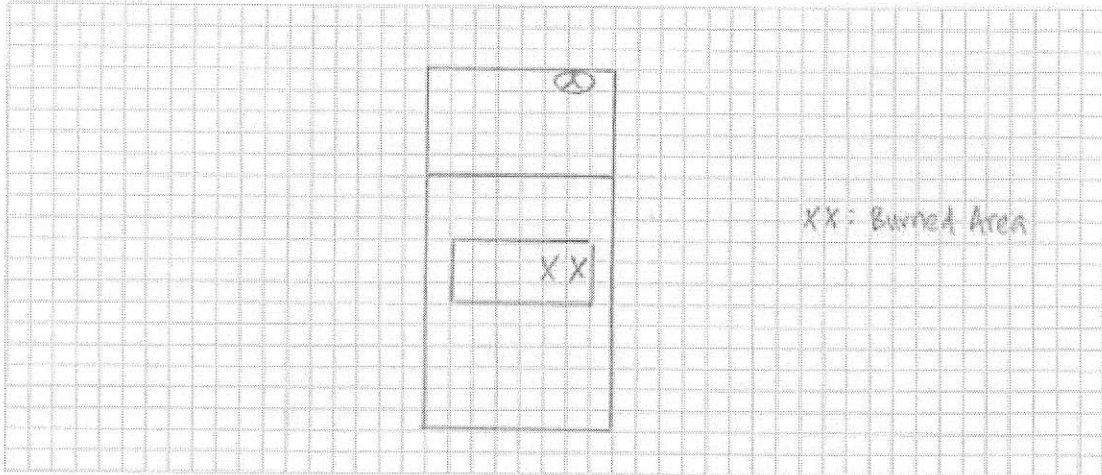
NRIC/FIN No.:

Simon Koh

Customer Service Advisor
Accident & Bodyshop

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Yesterday 10/7/19 I park my car at Bldg 687 Multi Storey Car park around 8pm. Around 9:15pm I went to take my car and found my car was burnt.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 17 JUL 2019

DIARINE SketchPlanForm_V1

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17 JUL 2019

Reporting Centre Personnel's Signature

Name: Simon Koh

NRIC/FIN No.: Customer Service Advisor
Accident & Bodyshop

Police Report



**SINGAPORE
POLICE FORCE**



J/20190711/2091

1 of 2

POLICE REPORT (NP259)

Report No. J/20190711/2091

Police Station Of Origin
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689288
Tel No: 1800-7859099

Date/Time Report Made 11/07/2019 17:41	Vide Report No. J/20190710/0117	Station Diary No. 68
Name Of Informant PHANG WEI PING	Address APT BLK 812A CHOA CHU KANG AVENUE 7 #03-665 SINGAPORE 681812	
ID Type / ID No. NRIC NO / 67533965B	Contact No. Home/Office Mobile 98713447	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ASSISTANT OPERATION MANAGER	Sex Male	Age 44
Institution/School Name	Date of Birth 26/04/1975	Race Chinese
Date/Time Of Incident 10/07/2019 21:15	Location Of Incident APT BLK 888A CHOA CHU KANG DRIVE HDB-CHOA CHU KANG SINGAPORE 681688 MULTISTORY CARPARK LEVEL 4	

Brief details.

On 10/07/2019 at around 21:15hrs, I headed to Blk 888A Choa Chu Kang Drive, Multistorey Car Park Level 4 to retrieve my vehicle. As I approached my vehicle, I discovered that there was smoke. I contacted for SCDF assistance and subsequently open my vehicle to retrieve whatever I can.

As SCDF arrived, they made a check of the vehicle. They removed a bag that was containing my 2

Signature Of Officer Recording The Report: J / Sgt 2 HONG KEN NAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2019 17:41
Officer In-Charge Of Case: J / Nanyang N.P.C / Insp MUHAMMAD ESZHAM BIN SABTU Contact No.: 63167437	Classification Of Case:

Authentication Stamp



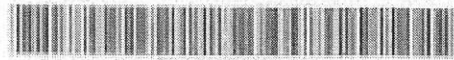
Signature

Singapore Police Force

Police Report



SINGAPORE
POLICE FORCE



J/20190711/2091

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190711/2091

power bank, 1 ipad, 1 external hard disk, 1 long pants and some other paper. The smoke was coming out from the bag. After making a check, it is believed that the cause of the smoke is due to 1 power bank getting on fire.

After the SCDF took some photo of the items, they advised me to throw away the power bank as it may have been corroded. They then disposed the power bank on my behalf as I have agreed to it.

The only damages that I know in my vehicle that was damaged was the rear passenger sofa seat where I place my bag at. I do not know if there are any further damages as I called for PEUGOET towing services to tow the vehicle to the service center.

I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report: J / Sgt 2 HONG KEN NAM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2019 17:41
Officer In-Charge Of Case: J / Nanyang N.P.C / Insp MUHAMMAD ESZHAM BIN SABTU Contact No. 63167437	Classification Of Case:
Authentication Stamp 	